

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591, 743

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/		/			
11		/		/		
12		/				
13		/		/		
14	/					
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28	/					
29	/					
30		/				
31		/				
32		/				
33	/					
34	/		/			
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40	/					
41		/				
42		/				
43		/		/		
44		/				
45	/		/			
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58		/		/		
59		/		/		
60		/		/		
61		/		/		
62		/		/		
63		/		/		
64	/		/			
65		/		/		
66		/		/		
67		/		/		
68		/		/		
69		/		/		
70		/		/		
71		/		/		
72		/		/		
73	/		/			
74	/		/			
75	/		/			
76		/		/		
77		/		/		
78		/		/		
79		/		/		
80		/		/		
81		/		/		
82		/		/		
83		/		/		
84		/		/		
85		/		/		
86		/		/		
87		/		/		
88		/		/		
89		/		/		
90		/		/		
91		/		/		
92		/		/		
93		/		/		
94		/		/		
95		/		/		
96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.	13	↓		↓		↓
TOTAL DEP.	62	←		←		←
TOTAL CLAIMS	75					

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/591,743</i>	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
101				/				
102				/				
103				/				
104				/				
105				/				
106				/				
107				/				
108				/				
109				/				
110				/				
111				/				
112				/				
113				/				
114								
115								
116								
117								
118								
119								
120								
121								
122								
123								
124								
125								
126								
127								
128								
129								
130								
131								
132								
133								
134								
135								
136								
137								
138								
139								
140								
141								
142								
143								
144								
145								
146								
147								
148								
149								
150								
TOTAL IND.	<i>8</i>	↓		↓		↓		
TOTAL DEP.	<i>55</i>	←		←		←		
TOTAL CLAIMS	<i>63</i>							
151								
152								
153								
154								
155								
156								
157								
158								
159								
160								
161								
162								
163								
164								
165								
166								
167								
168								
169								
170								
171								
172								
173								
174								
175								
176								
177								
178								
179								
180								
181								
182								
183								
184								
185								
186								
187								
188								
189								
190								
191								
192								
193								
194								
195								
196								
197								
198								
199								
200								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								